

<b>Case Number:</b>	CM15-0110153		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	11/06/2009
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66 year old female, who sustained an industrial injury on 11/06/2009. She reported a slip and fall sustaining injuries to the ankle, hip, neck, back, and wrist. The injured worker was diagnosed as having major depressive disorder, chronic neck strain with underlying degenerative disc disease and stenosis, painful motion to the bilateral shoulders secondary to chronic pain, chronic pain to the left thumb, decreased motion of the cervical spine secondary to chronic neck and low back injury, chronic low back strain, status post lumbar four to five decompression surgery of the lumbar spine with grade I anterolisthesis at lumbar three to four and moderate degenerative disc disease and stenosis at lumbar four to five, sleep apnea, and essential hypertension. Treatment and diagnostic studies to date has included sleep study, medication regimen, psychiatric treatment, physical therapy, cortisone injections, weight loss program, electromyogram with nerve conduction study, and above noted procedure. In an initial psychiatric evaluation report dated 03/24/2015 the treating physician reports complaints of low back pain that radiates to the left leg, neck pain that radiates to the arms and hand with intermittent numbness and tingling, pain to the left hand centered on the thumb joint, right ankle pain, headaches, and a 40 pound weight gain since her date of injury secondary to inactivity and eating to cope with her depression. The treating physician requested eight sessions at the [REDACTED] Weight Loss Program with the documentation noting that prior weight loss program assisted the injured worker to lose approximately 50 pounds during 2012 into 2013 for pre surgery, but she then was noted to regain the weight during 2013.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

████████ **Weight Loss Program, eight sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Systematic review: an evaluation of major commercial weight loss programs in the United States. (<http://www.ncbi.nlm.nih.gov/pubmed/15630109>).

**Decision rationale:** Regarding the request for a weight loss program, CA MTUS and ODG do not address the issue. A search of the National Library of identified an article entitled "Systematic review: an evaluation of major commercial weight loss programs in the United States." This article noted that, with the exception of 1 trial of ██████████, the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal, and controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. Within the documentation available for review, the provider does document the patient has had prior successful weight loss attempts with ██████████ weight loss program. However, these results were non-sustainable, as the patient has gain more weight back since participating in ██████████. Furthermore, the documentation does not clearly describe the patient's attempts at diet modification and a history of failure of reasonable weight loss measures such as dietary counseling, behavior modification, caloric restriction, and exercise within the patient's physical abilities. More importantly, the morbid obesity is not clearly established as part of the industrial claim in the submitted documentation, as the patient has other preexisting condition of degenerative disease prior to having her industrially related injuries. The IMR process does not evaluate causation or determine apportionment. In light of the above issues, the currently requested weight loss program is not medically necessary.